



Which quarter are you reporting?

- April to June, 20\_\_
- July to September, 20\_\_
- October to December, 20\_\_
- January to March, 20\_\_

Org. Name:

Address:

Attach your identification label here.

If you do not have one, print your organization name and address below.

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| MEDIA BINGO<br>EVENTS HELD<br>(DATE) | DATE OF<br>DEPOSITS | GROSS<br>REVENUE<br>A | CASH PRIZES<br>B | CASH<br>EXPENSES<br>C | CALCULATED<br>DEPOSIT<br>(A-B-C) = D | ACTUAL<br>DEPOSIT<br>E | (OVER)<br>SHORT<br>F |
|--------------------------------------|---------------------|-----------------------|------------------|-----------------------|--------------------------------------|------------------------|----------------------|
| 1                                    |                     |                       |                  |                       |                                      |                        |                      |
| 2                                    |                     |                       |                  |                       |                                      |                        |                      |
| 3                                    |                     |                       |                  |                       |                                      |                        |                      |
| 4                                    |                     |                       |                  |                       |                                      |                        |                      |
| 5                                    |                     |                       |                  |                       |                                      |                        |                      |
| 6                                    |                     |                       |                  |                       |                                      |                        |                      |
| 7                                    |                     |                       |                  |                       |                                      |                        |                      |
| 8                                    |                     |                       |                  |                       |                                      |                        |                      |
| 9                                    |                     |                       |                  |                       |                                      |                        |                      |
| 10                                   |                     |                       |                  |                       |                                      |                        |                      |
| 11                                   |                     |                       |                  |                       |                                      |                        |                      |
| 12                                   |                     |                       |                  |                       |                                      |                        |                      |
| 13                                   |                     |                       |                  |                       |                                      |                        |                      |
| 14                                   |                     |                       |                  |                       |                                      |                        |                      |
| 15                                   |                     |                       |                  |                       |                                      |                        |                      |
| 16                                   |                     |                       |                  |                       |                                      |                        |                      |
| 17                                   |                     |                       |                  |                       |                                      |                        |                      |
| 18                                   |                     |                       |                  |                       |                                      |                        |                      |
| 19                                   |                     |                       |                  |                       |                                      |                        |                      |
| 20                                   |                     |                       |                  |                       |                                      |                        |                      |
| 21                                   |                     |                       |                  |                       |                                      |                        |                      |
| 22                                   |                     |                       |                  |                       |                                      |                        |                      |
| 23                                   |                     |                       |                  |                       |                                      |                        |                      |
| 24                                   |                     |                       |                  |                       |                                      |                        |                      |

|                                      |                     |               |  |          |  |  |  |
|--------------------------------------|---------------------|---------------|--|----------|--|--|--|
|                                      | <b>Grand Totals</b> | <b>G</b>      | <b>H</b>   | <b>I</b> |  |  |  |
| LICENSE FEE PAYABLE WITH THIS REPORT |                     | <b>X 1.5%</b> | <p style="color: red; margin: 0;">This report is to be submitted to the MGCC 30 days after the period end.<br/>Apply for the electronic version or print more blank copies of this report at <a href="http://www.mgcc.mb.ca">www.mgcc.mb.ca</a>!</p> |          |  |  |  |





**BANK SUMMARY STATEMENT**

|   |                                   |                |               |
|---|-----------------------------------|----------------|---------------|
| <b>1. OPENING LOTTERY BANK BALANCE AT THE BEGINNING OF THIS PERIOD:</b> |                                   | 1. \$          |               |
|   | (LINE 9 FROM LAST REPORT)         |                |               |
| <b>2. REVENUE:</b> (Box G, Page1)                                       |                                   | 2. \$          |               |
| <b>3. PRIZES:</b>   |                                   |                |               |
| CASH (Box H, page 1)  | _____                             |                |               |
| CHEQUE (Box K, page 2)  | + _____                           |                |               |
| <b>TOTAL PRIZES</b>   | <b>=</b> _____                    | <b>3. \$(</b>  | <b>)</b>      |
| <b>4. EXPENSES: CASH (Box I, page 1)</b>                                | <b>DESCRIPTION</b>                | <b>AMOUNT</b>  |               |
|   | Commissions                       | _____          |               |
|   | Delivery/Postage                  | _____          |               |
| <b>EXPENSES: CHEQUE (Box L, page 2)</b>                                 |                                   | + _____        |               |
|   | <b>TOTAL EXPENSES</b>             | <b>=</b> _____ | <b>4. \$(</b> |
|   |                                   |                | <b>)</b>      |
| <b>5. DISBURSEMENTS: (Box J, page 2)</b>                                |                                   |                | <b>5. \$(</b> |
|   |                                   |                | <b>)</b>      |
| 6. OTHER WITHDRAWALS:   | <b>DESCRIPTION</b>                | <b>AMOUNT</b>  |               |
|   | BANK CHARGES                      | _____          |               |
|   |                                   | = _____        | <b>6. \$(</b> |
| 7. OTHER RECEIPTS:  | INTEREST                          | _____          |               |
|   |                                   | = _____        | <b>7. \$</b>  |
|   |                                   |                | <b>)</b>      |
| <b>8. CALCULATED ENDING BANK BALANCE</b>                                | (Lines 1 + 2 - 3 - 4 - 5 - 6 + 7) | <b>8. \$</b>   |               |
| <b>9. ACTUAL ADJUSTED BANK BALANCE (Box M, page 3)</b>                  |                                   | <b>9. \$</b>   |               |
| <b>10. SHORTAGE/(OVERAGE) (LINE 9 - 8)</b>                              |                                   | <b>10. \$</b>  |               |

**Please ensure that all yellow highlighted Grand Total boxes are completed. Any attachments provided in lieu of recording information on this report, must be complete and the Grand Totals placed in the applicable boxes.**

**CERTIFICATION**

WE, the undersigned, have examined the records and accounts of

(NAME OF ORGANIZATION)

with respect to the above described lottery, the information contained herein accurately reflects the organization's records which are correct to the best of our knowledge and belief.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

**SIGNATURES OF THE PRESIDENT AND ONE PRINCIPAL OFFICER ARE REQUIRED ON THIS FORM**

|            |             |                       |
|------------|-------------|-----------------------|
|            | SIGNATURE   |                       |
|            | PRINT NAME  |                       |
| PRESIDENT  | OFFICE HELD |                       |
|            | ADDRESS     |                       |
|            | POSTAL CODE |                       |
| BUS: _____ | TELEPHONE   | BUS: _____ RES: _____ |

NAME (PRINT) \_\_\_\_\_ # \_\_\_\_\_  
 PLEASE ENTER THE NAME AND DAYTIME TELEPHONE NUMBER OF THE PERSON COMPLETING THIS REPORT IF IT IS DIFFERENT FROM THOSE SHOWN ABOVE.